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Approved for use through 1/31/2007, OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/594,798			ing Date 29/2006	☐ To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY	
FOR			NUMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)	Г	RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A		]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A		]	N/A		
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mir	us 20 = *		]	x s =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	minus 3 = *		1	X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE s	heets of pap \$250 (\$125 dditional 50	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						]			]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	03/24/2011	CLAIMS REMAINING AFTER AMENDME	- 1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 16())	* 8	Minus	42	= 0	]	X \$26 =	0	OR	X \$ =		
	independent (37 CFR 1.16(h))	• 1	Minus	3	- 0	]	X \$110 =	0	OR	X \$ =		
AM	Application Size Fee (37 CFR 1.16(s))								_			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
_		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16())	*	Minus		=	]	X \$ =		OR	x s =		
ENDMENT	Independent (37 CFR 1 16(h))	*	Minus	***	-	1	x s =		OR	x s =		
Ψ	Application Size Fee (37 CFR 1.16(s))					l			l			
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					J			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** II *** The	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USF 1877 to process) an application. Confidentiality is governed by 35 USF 1.16. This collection is estimated to better 1 minutes to complete, including gathering preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chile Information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commono. P.O. Box 1496, Alexandria, V. 2231-649. DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO: Commissioner for Patients, S.O. Box 1499, Alexandria, V. 2231-331-3450.